



ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION INSPECTION REQUEST ENVIRONMENTAL HEALTH

800 West Canal Drive
Kennewick, WA 99336
(509) 582-7761, Ext. 246

310 7th Avenue
Prosser, WA 99350
(509) 786-1633

DATE OF REQUEST: _____ COUNTY: _____ CITY/AREA: _____

TYPE OF SEWAGE SYSTEM: CONVENTIONAL GRAVITY FLOW _____ ALTERNATIVE SYSTEM _____

TYPE OF PERMIT: NEW _____ REPAIR _____ 2 COMPONENT REPAIR _____ ALTERATION/EXPANSION _____

TYPE OF STRUCTURE: SINGLE FAMILY HOME _____ {Site Built _____ Manufactured _____} Number of Bedrooms _____

NON-RESIDENTIAL _____ TYPE OF BUSINESS _____ DESIGN CAPACITY _____ Gpd

BUILDING SEWER CONNECTED TO SEWAGE DISPOSAL SYSTEM: YES _____ NO _____ Section _____ Township _____ Range _____

PERMITTEE'S NAME: _____ BUILDER/CONTRACTOR _____

PARCEL IDENTIFICATION NUMBER: _____

PROPERTY ADDRESS (Include nearest County road) _____

LEGAL DESCRIPTION OF PROPERTY _____

SEWAGE SYSTEM DATA

- SEPTIC TANK _____ gallons CONCRETE _____ OTHER (specify) _____
- PUMP CHAMBER _____ dose volume
- DRAINFIELD _____ square feet
- ABSORPTION BED _____ square feet
- OTHER _____ square feet

SYSTEM INSTALLER _____

TYPE OF WATER SYSTEM:

SINGLE FAMILY WELL _____

NAME OF MUNICIPAL OR COMMUNITY SYSTEM _____

MAIL REPORT TO:

INSPECTED BY _____

DATE OF INSPECTION _____

The Benton-Franklin Health District recommends
that septic tanks be pumped every 3 to 5 years

CAUTION: Damage can easily occur if vehicular
traffic takes place over the system.

cc: _____

(for office use only)

